



Massage Client Medical History & Health Information

Date _____

Name _____ DOB _____ M or F

Address _____ City _____

State _____ Zip _____

Email _____ Home _____ Cell _____

Work _____ Phone Preference Home, Cell, Work

Whom May I Thank For Referring You? _____

Employer _____

Occupation _____

Name and Phone of Medical Doctor _____

Reason For Today's Visit _____

Have you had a Professional Massage Before? Y or N

Other Medical Treatment:

Chiropractic's Y or N, Physical Therapy Y or N, Other _____

Stress Level: Extreme High Medium Low

If you answer Yes to any of the following questions, please explain as clearly as possible

Y or N Do you have diabetes?

Y or N Do you experience frequent headaches?

Y or N Are you pregnant?

Y or N Do you suffer from arthritis?

Y or N Are you wearing contact lenses?

Y or N Are you wearing dentures?

Y or N Do you have high blood pressure?

Y or N Do you suffer from epilepsy or seizures?

Y or N Do you suffer from joint swelling?

Y or N Do you have varicose veins?

Y or N Do you have any contagious diseases?

Y or N Do you have osteoporosis?

Y or N Do you have any allergies?

Y or N Have you had any broken bones in the past two years?

Y or N Do you bruise easily?

Y or N Do you have cardiac or circulatory problems?

Y or N Do you suffer from back pain?

Y or N Do you have numbness or stabbing pain?

Y or N Are you sensitive to touch or or pressure in any area?

Y or N Have you ever had surgery?
Please explain below

Y or N Do you have any other medical condition or are you taking any medications I should know about?

TIPS FOR DURING YOUR MASSAGE:

- If the massage is too light or too hard, ask to have the pressure changed.
- If you are uncomfortable (need heat turned up, less blankets, lighting adjusted) say something.
- Tell the practitioner where you hurt so the therapist can focus on where you need it most.
- Deep breathing can help you get the most out of a massage.

TIPS FOR AFTER YOUR MASSAGE:

- Drink lots of water over the following few days.
- Feeling a little sore afterwards is not uncommon. Having proper fluid intake will keep this to a minimum.

PLEASE READ AND SIGN

I understand that the massage therapy that I am given is for the purpose of stress reduction, relief from muscular tension or spasm, and for improving circulation. I understand that a massage therapist neither diagnoses illness, disease, or any other medical, physical, or mental disorder nor performs any spinal manipulation. I understand that it is the right of the therapist to refuse or discontinue treatment according to medical conditions, noncompliance with ethical codes, or sexual misconduct.

Signature: _____ Date: _____